

Division of Health Care Facilities		FORM APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1502	P03 MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING	P04 DATE SURVEY COMPLETED 12/18/2012
NAME OF PROVIDER OR SUPPLIER NEWPORT HEALTH AND REHABILITATION CE		STREET ADDRESS, CITY, STATE, ZIP CODE 135 GERRARDSON DRIVE NEWPORT, TN 37821	
(04) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation, the facility failed to ensure the automatic sprinkler system is installed properly.</p> <p>The findings include: Observation on December 10, 2012 at 4:30 p.m. revealed that the automatic sprinkler piping is penetrating through a four (4) hour fire wall in the 100 hall above ceiling in the corridor by room 101.</p> <p>This finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on December 10, 2012.</p>	N 831	<p>How will corrective action be accomplished for those residents found to have been affected by the deficient practice? A Licensed Architect has completed an independent review of the cited firewall. This was conducted on 21DEC2012. It is his professional opinion that the firewall be reclassified so as not to conflict with statute 1200-8-6-.08 under Building Standards. Once available, his findings will be reported to the Department of Health for approval.</p> <p>How will the facility identify other residents as having the potential to be affected by the same deficient practice? A Licensed Architect has completed an independent review of the remaining firewalls in the facility. This was conducted on 21DEC2012. It is his professional opinion that all firewalls will be reclassified so as not to conflict with statute 1200-8-6-.08 under Building Standards. Once available, his findings will be reported to the Department of Health for approval.</p> <p>Continued on next page</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/CLIA REPRESENTATIVE'S SIGNATURE

Brian J. Miller

TITLE

ADMINISTRATOR

DATE

31DEC12

STATE FORM 64021

"Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES				FORM APPROVED OMB NO. 0938-0381	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445504	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING _____		(X3) DATE SURVEY COMPLETED 12/10/2012
NAME OF PROVIDER OR SUPPLIER NEWPORT HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 135 GENERATION DRIVE NEWPORT, TN 37821		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
	<p style="text-align: center;">N 831 Continued</p> <p>What measures will be put in place or systemic changes made to ensure that deficient practice will not recur? The results of the architect's judgment and subsequent ruling by the Department of Health will be reported to the facility Quality Assurance Committee. Any further action will be addressed by this committee based upon the ruling of the Dept of Health.</p> <p>How will the facility monitor its corrective actions to ensure that the deficient practice will not recur? The results of the architect's judgment and subsequent ruling by the Department of Health will be reported to the facility Quality Assurance Committee. Any further action will be addressed by this committee based upon the ruling of the Dept of Health.</p>				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 6CH21

Facility ID: TN1502



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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445504	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING _____	(X3) DATE SURVEY COMPLETED 12/10/2012
NAME OF PROVIDER OR SUPPLIER NEWPORT HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 135 GENERATION DRIVE NEWPORT, TN 37821	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

N 848 1200-8-G-08 (18) Building Standards

(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor's closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.

This Rule is not met as evidenced by:
Based on observation, the facility failed to assure a negative air pressure is maintained in all soiled (dirty) areas.

The findings include:

Observation on December 10, 2012 at 2:55 p.m. revealed that the East Wing soiled utility room behind the nurses' station has no negative air flow.

This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on December 10, 2012.

N 848

How will corrective action be accomplished for those residents found to have been affected by the deficient practice?

A licensed HVAC contractor has been secured to place an exhaust vent in the "East Wing soiled utility room". Scheduled to be completed by 28JAN2013.

How will the facility identify other residents as having the potential to be affected by the same deficient practice?

A visual inspection was completed on 14DEC2012 to verify that the other soiled utility room in the facility did in-fact have an exhaust vent in place.

What measures will be put in place or systemic changes made to ensure that deficient practice will not recur?

An audit will be completed monthly by the Director of Maintenance to insure that the soiled utility rooms have functioning exhaust vents.

How will the facility monitor its corrective actions to ensure that the deficient practice will not recur?

The Director of Maintenance will report his findings of above audits to the Quality Assurance/Performance Improvement (QAPI) Committee on a monthly basis for three months and quarterly thereafter for the next three quarters.

01/28/2013

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 82H21

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